

10/054712

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/11/06

Signature: 

(Ginny Blundell)

Docket No.: APBI-P08-317
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:
Crabtree et al.

Patent No.: 6891021

Issued: May 10, 2005

For: REGULATED APOPTOSIS

**REQUEST FOR CERTIFICATE OF CORRECTION
PURSUANT TO 37 CFR 1.323**

Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted an error which should be corrected.

In the Specification:

At column 1, line 20: insert

GOVERNMENT SUPPORT

This invention was made with Government support under contract CA039612 awarded by the National Institutes of Health. The Government has certain rights to the invention.

**Certificate
SEP 11 2006
of Correction**

09/07/2006 WABDELRI 00000037 181945 6891021

01 FC:1811 100.00 DA

SEP 12 2006

The error was found in the application as filed by applicant. Please charge our Deposit Account No. 18-1945 in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The error now sought to be corrected is an inadvertent typographical error the correction of which does not involve new matter or require reexamination.

Transmitted herewith is a proposed Certificate of Correction effecting such amendment. Patentee respectfully solicits the granting of the requested Certificate of Correction.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. APBI-P08-317.

Dated: 9/1/06

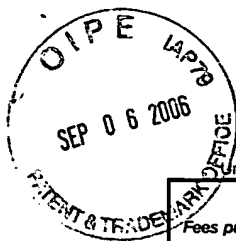
Respectfully submitted,

By 
Melissa S. Rones, Ph.D.

Registration No.: 54,408
FISH & NEAVE IP GROUP, ROPES & GRAY
LLP

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Attorneys/Agents For Applicant

SEP 12 2006



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	Patent#: 6891021
		Filing Date	Issued: May 10, 2005
		First Named Inventor	Gerald R. Crabtree
		Examiner Name	D. A. Lambertson
		Art Unit	1636
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	APBI-P08-317
TOTAL AMOUNT OF PAYMENT		(\$)	100.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>18-1945</u> Deposit Account Name: <u>Fish & Neave IP Group, Ropes & Gray LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
_____ - = _____ x _____ = _____							_____
Indep. Claims							Fee Paid (\$)
_____ - = _____ x _____ = _____							_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____		/50	_____ (round up to a whole number) x _____		= _____	_____	
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): <u>1811 Certificate of correction</u>							<u>100.00</u>

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	54,408
Name (Print/Type)	Melissa S. Rones, Ph.D.	Telephone	(617) 951-7653
		Date	9/11/06

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Dated: <u>9/11/06</u>	Signature: (Ginny Blundell)

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**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

Page 1 of 1

PATENT NO. : 6891021
APPLICATION NO. : 10/054712
ISSUE DATE : May 10, 2005
INVENTOR(S) : Crabtree et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In the Specification:

At column 1, line 20: insert

GOVERNMENT SUPPORT

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Dated: 9/11/06 Signature: [Signature] (Ginny Blundell)

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Melissa S. Rones, Ph.D.
FISH & NEAVE IP GROUP, ROPES & GRAY LLP 1
One International Place
Boston, Massachusetts 02110-2624
10185250_1.DOC

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